

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023699

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 164

Primary Registration District No. 5594

Registrar's No. 86

FILED JUL 13 1962

## 1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN RURAL - MENAMEC

Length of stay in 1b

8 Mos 12 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Joseph's Hill Infirmary

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY  
OR TOWN

St. Louis

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5708 ITASKA

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

EUGENE

L.

KOHLMANN

4. DATE OF DEATH

Month

Day

Year

JUNE

23

1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12/7/1885

## 9. AGE (last birthday)

76

## IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR  
Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

Leather Worker

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

August Kohlmann

## 13b. MOTHER'S MAIDEN NAME

A. Becken

## 14. NAME OF HUSBAND OR WIFE

Blanche Jarbelon

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give year and dates of service)

NO

NONE

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Bro. Rab. St. Joseph's Hill Infirmary

## Address

Superior

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cardiac Decompensation

## INTERVAL BETWEEN ONSET AND DEATH

5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

arteriosclerotic cardiovascular

## DUE TO (c)

disease

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized arteriosclerosis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Oct 1961

to June 23, 1962

and last saw him alive on

6/21/62

## Death occurred at

8:00 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Patrick B. Hagan, M.D.

## 22b. ADDRESS

36671 South Grand St. Louis

## 22c. DATE SIGNED

6/25/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

June 27, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

S/S Peter &amp; Paul Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

## 25. DATE RECD. BY LOCAL REG.

6-27-62

## 26. REGISTRAR'S SIGNATURE

Robert E. Bauer

RECEIVED JUL 1 1962

JUL 1 3 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4533

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.